

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90404 047 ***150.00

DOCUMENT # P99000062177

1. Entity Name

CHARLIE'S SEAFOOD ENTERPRISES INC.



Principal Place of Business

Mailing Address

6731 LINDEN DR.
HOMOSASSA SPRINGS FL 34446

P O BOX 420025
SUMMERLAND KEY FL 33042
US

2. Principal Place of Business

3. Mailing Address

6731 LINDEN DR

P.O. Box 130

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOMOSASSA FLA

BOLEELLIA FLA.

Zip

Country

Zip

Country

33446

U.S

33992

U.S

4. FEI Number

59-3588048

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IPPOLITO, MARIA L
6731 LINDEN DR.
HOMOSASSA SPRINGS FL 34446

Name ROBERT C. SINGLETON

Street Address (P.O. Box Number is Not Acceptable)

6731 LINDEN DR.

City HOMOSASSA SPRINGS FL

Zip Code

34446

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ROBERT C. SINGLETON

Robert C. Singleton

APRIL-15-2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME IPPOLITO, MARIA L
STREET ADDRESS P.O. BOX 36 N/A
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34447

TITLE PRESIDENT ☒ Change ☐ Addition
NAME ROBERT C. SINGLETON
STREET ADDRESS 6731 LINDEN DR
CITY-ST-ZIP HOMOSASSA SPRINGS FL 34446

TITLE D ☒ Delete
NAME IPPOLITO, CHRISTOPHER
STREET ADDRESS 2102 36TH ST.
CITY-ST-ZIP TAMPA FL 33605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Robert C. Singleton

ROBERT C. SINGLETON

APRIL-15-2004 239
2829199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #